



\$ RCE file

PTO/SB/30 (04-05)

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Request for Continued Examination (RCE) Transmittal

Address to:
Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/768,406
Filing Date	January 30, 2004
First Named Inventor	Paul Brent Rivers
Art Unit	3632
Examiner Name	Kimberly T. Wood
Attorney Docket Number	BS030571

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

- Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).
 - ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
 - ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
 - ☐ Other _____
 - ☒ Enclosed
 - ☒ Amendment/Reply
 - ☐ Affidavit(s)/ Declaration(s)
 - ☐ Information Disclosure Statement (IDS)
 - ☐ Other _____
- Miscellaneous**
 - ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)
 - ☐ Other _____
- Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.
The Director is hereby authorized to charge the following fees, any underpayment of fees, or credit any overpayments, to Deposit Account No. _____. I have enclosed a duplicate copy of this sheet.
 - ☒ RCE fee required under 37 CFR 1.17(e) 05/04/2006 SHASSEN1 00000001 10768406
 - ☐ Extension of time fee (37 CFR 1.136 and 1.17) 01 FC:1801 790.00 OP
 - ☒ Other RETURN POSTCARD
 - ☐ Check in the amount of \$ _____ enclosed
 - ☒ Payment by credit card (Form PTO-2038 enclosed)

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Signature	<i>Bambi Faivre Walters</i>	Date	April 26, 2006
Name (Print/Type)	Bambi Faivre Walters	Registration No.	45,197

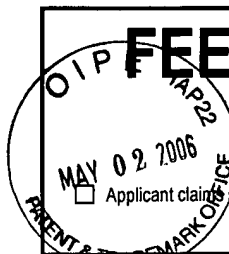
CERTIFICATE OF MAILING OR TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature	<i>Bambi Faivre Walters</i>	Date	April 26, 2006
Name (Print/Type)	Bambi Faivre Walters		

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

<div style="display: flex; align-items: center;"> <div style="text-align: center; margin-right: 10px;">  </div> <div> <h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2005</h2> <p style="font-size: small;">Applicant claims small entity status. See 37 CFR 1.27</p> </div> </div>				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/768,406</td> </tr> <tr> <td>Filing Date</td> <td>January 30, 2005</td> </tr> <tr> <td>First Named Inventor</td> <td>Paul Brent Rivers</td> </tr> <tr> <td>Examiner Name</td> <td>Kimberly T. Wood</td> </tr> <tr> <td>Art Unit</td> <td>3632</td> </tr> <tr> <td>Attorney Docket No.</td> <td>BS030571</td> </tr> </table>		Application Number	10/768,406	Filing Date	January 30, 2005	First Named Inventor	Paul Brent Rivers	Examiner Name	Kimberly T. Wood	Art Unit	3632	Attorney Docket No.	BS030571		
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TOTAL AMOUNT OF PAYMENT		\$790.00																	
METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Deposit Account Deposit Account No. 19-2167 Deposit Account Name:																			
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments																			
FEE CALCULATION																			
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																			
<table border="0" style="width: 100%;"> <tr> <th colspan="3" style="text-align: left;">FILING FEES</th> <th colspan="2" style="text-align: left;">SEARCH FEES</th> <th colspan="3" style="text-align: left;">EXAMINATION FEES</th> </tr> <tr> <th>Application Type</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fee (\$)</th> <th>Small Entity Fee (\$)</th> <th>Fees Paid (\$)</th> </tr> </table>				FILING FEES			SEARCH FEES		EXAMINATION FEES			Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
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Utility	300	150	500	250	200	100	_____												
Design	200	100	100	50	130	65	_____												
Plant	200	100	300	150	160	80	_____												
Reissue	300	150	500	250	600	300	_____												
Provisional	200	100	0	0	0	0	_____												
2. EXCESS CLAIM FEES																			
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Fee Description</th> <th style="text-align: right;">Fee (\$)</th> <th style="text-align: right;">Small Enty Fee (\$)</th> </tr> <tr> <td>Each claim over 20 (including Reissues)</td> <td style="text-align: right;">50</td> <td style="text-align: right;">25</td> </tr> <tr> <td>Each independent claim over 3 (including Reissues)</td> <td style="text-align: right;">200</td> <td style="text-align: right;">100</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: right;">360</td> <td style="text-align: right;">180</td> </tr> </table>				Fee Description	Fee (\$)	Small Enty Fee (\$)	Each claim over 20 (including Reissues)	50	25	Each independent claim over 3 (including Reissues)	200	100	Multiple dependent claims	360	180				
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3. APPLICATION SIZE FEE																			
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																			
<table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"> <u>Total Sheets</u> _____ - 100 = _____ </td> <td style="width: 10%;"> <u>Extra Sheets</u> _____ / 50 </td> <td style="width: 10%;"> _____ (round up) x _____ = _____ </td> <td style="width: 10%;"> <u>Fee (\$)</u> _____ </td> <td style="width: 30%;"> <u>Fee Paid (\$)</u> _____ </td> </tr> </table>				<u>Total Sheets</u> _____ - 100 = _____	<u>Extra Sheets</u> _____ / 50	_____ (round up) x _____ = _____	<u>Fee (\$)</u> _____	<u>Fee Paid (\$)</u> _____											
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4. OTHER FEE(S)																			
Non-English Specification, \$130 fee (no small entity discount)																			
Other (e.g., late filing surcharge): <u>Request for Continued Examination</u> 790.00																			
SUBMITTED BY:																			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Name (Print/Type)</td> <td>Bambi F. Walters</td> </tr> <tr> <td style="width: 50%;">Registration No. (Attorney/Agent)</td> <td>45,197</td> </tr> </table>		Name (Print/Type)	Bambi F. Walters	Registration No. (Attorney/Agent)	45,197	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Complete (if applicable)</td> </tr> <tr> <td style="width: 50%;">Telephone:</td> <td>(757) 253-5729</td> </tr> </table>		Complete (if applicable)		Telephone:	(757) 253-5729								
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